Endoscopic removal of an eroded magnetic sphincter augmentation device

Magnetic sphincter augmentation with the LINX device (Torax Medical, Shoreview, Minnesota, USA) is an effective treatment for gastroesophageal reflux disease (GERD). It is associated with shorter operating time and lower rate of gas bloat [1]. Erosion is estimated to range from 0.1% to 1.2%; it may be higher with the smaller device. The most common method for device removal involves a combined endoscopic-laparoscopic approach [2,3]. Endoscopic removal using a bipolar grasping device has also been reported [4]. We report the first case of LINX erosion in the United Kingdom and its endoscopic removal using Olympus loop cutters.

A 57-year-old woman with GERD underwent LINX implantation in April 2013 (Fig. 1). She did not have a hiatus hernia and manometry was normal. Good reflux control was achieved. In February 2017, the patient experienced acute intermittent dysphagia and chest pain. Endoscopy showed device erosion. Under general anesthesia, the LINX device was divided at two points using a loop cutter (Olympus Medical Systems Corp., Tokyo, Japan), and was extracted endoscopically using a grasper with the application of rotational traction. The mucosal defects in the esophagus were closed with two Olympus QuickClips (Video 1). The patient was discharged with proton pump inhibitors on postoperative Day 1 after a normal oral contrast swallow study (Fig. 2).

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Competing interests

None

Video 1 Seven steps for removal of an eroded magnetic sphincter augmentation device (LINX; Torax Medical, Shoreview, Minnesota, USA) from the esophagus. 1) Identification of LINX erosion. 2) Endocut of visible LINX wire. 3) Initial retrieval with forceps. 4) Endocut of anchor bead. 5) Final extraction of LINX device. 6) Basket retrieval. 7) Mucosal defect closure with endoclips.
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References


Fig. 2 Contrast swallow study confirmed esophageal integrity after removal of the LINX device (Torax Medical, Shoreview, Minnesota, USA).